(b) and (c) In the recent past complaints about Analgin, Metronidazole, Pyrantal Pamoate, Ampicillin etc. being sold at prices lower than Government fixed prices have been received. Prices of Analgin and Doxycycline, on an interim basis, have already been reduced and the proposals for revising the prices of other such bulk drugs are in hand.

(d) and (e) Bureau of Industrial Costs and Prices is only a recommendatory body. The recommendations are examined in the Ministry before taking a decision.

(f) A Statement giving the names of bulk drugs for which BICP is yet to submit reports under DPCO, 1987 are given in the annexed statement. (*See below*) Studies in respect of these drugs are either in progress or the date from the producers is awaited.

Statement

Bulk Drugs for which prices are yet to be fixed under DPCO, 1987 on the basis of Cost Study by BICP

1. Quinine.
2. Isoxuprine.
3. Analgin.
4. Phonytein Sodium.
5. Methyl Dopa.
6. Metronidazole.
7. Piperazine.
8. Amoxycillin.
9. Ampicillin.
10. Cemetidine.
11. Dextroproxyphene.
12. Doxycycline.
13. Diphenoxylate.
14. Framyletin.
15. Hydralazine.
16. Iron Dextran.
17. Meto Clopramide.
18. Naldixic Acid.
19. Pentazolaine.
20. Promethazine.
21. Resperine.
22. Ranitidine.
23. Sulphadoxine.
24. Valporic Acid.
25. Timolol.
26. Metoprolol.
27. Chlorpromazine.
28. Imipramine.
29. Dicloferic Sodium.
30. Providone Iodine.

Allowing foreign private capital in Indian Industry

1403. SHRI S. S. AHLUWALIA: Will the Minister of INDUSTRY be pleased to state:

(a) whether it is a fact that Government have taken a policy decision that private foreign capital would be allowed to be invested in our industry;

(b) if so, what is the rationale behind permitting foreign private capital in our industry; and

(c) what are the areas earmarked for such foreign investment?

THE MINISTER OF INDUSTRY (SHRI AJIT SINGH): (a) to (c) The Government's basic policy towards import of technology is aimed at reducing unnecessary dependence on external resources and achieving self-reliance through optimum utilisation of indigenous resources. It is, however, recognised by Government that it is equally necessary to update production technology continuously to keep pace with the rapid technological advances taking place in the developed countries. The import of technology is, therefore, selective and is ordinarily permitted in high technology areas, in export oriented or import substitution manufacture or for enabling indigenous industry to upgrade its existing technology to attain efficient and competitative strength.

Government's foreign investment policy is selective and is designed to channelise such investments into

areas which require sophisticated technology or which would help increase the country's export potential.

Spread of Epidemics

1404. SHRI B.K. HARI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the seriousness of the various epidemics recurring in the country as brought out by noted writer Ujwala Samrath in the April, 1990 issue of "Health for Millions";

(b) whether Government would create an infrastructure to check these diseases more firmly; and

(c) whether for each major disease a separate NGO-based grass-root level set up, with full Government support in every district/state will be formed?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RASHEED MASOOD): (a) to (c) The Government has seen the Editorial of "Health for Millions" April, 1990 issue published by Voluntary Health Association of India. Epidemics are known from times immemorial. In present days, number of epidemics/outbreaks are more often reported because of better diagnostic facilities, better communications and better disease surveillance system, due to which even small focal outbreak comes to light. The Government has established a large health infrastructure having a wide network of hospitals, Primary Health Centres, Sub-centres and dispensaries to achieve "Health for All by 2,000 A.D." Government also is encouraging voluntary efforts in this regard and supports a large number of voluntary Organisations to improve the health care delivery.

Efficacy of Vitamin A Pills

1405. DR. YELAMANCHILI SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a recent study made by the National Institute of Nutrition has completely exposed the claims being made by multi-national drug manufacturers marketing synthetic Vitamin A pills that these pills could reduce child-mortality in undernourished communities by as much as 30 per cent; and

(b) if so, what is being done to stop these manufacturers from exploiting the innocent public?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RASHEED MASOOD): (a) and (b) Studies conducted in Indonesia show that administration of six monthly doses of 2.00 lakh. International Units of Vitamin A reduces the mortality rate among children by about 30% when compared to controls. The International Vitamin A Consultative Group stated that Vitamin A prevents nutritional blindness and contributes significantly to child health and survival. However, the mechanism by which it has effect on reduction of mortality is not clear.

The study conducted by Arvind Eye Hospital in Thiruchirapalli District of Tamilnadu showed significant reduciton of mortality rate among children who were given frequent small doses of Vitamin. However a study conducted by National Institute of Nutrition did not show any effect on child mortality with Vit. A supplement.

In this context it is stated that six monthly doses of Vit. A (2.00 lakh I.U.) is given to children 1—5 years to prevent blindness a ong them under the Centrally Sponsored Scheme of Prophylaxis Against Blindness duc